WRITTEN ANSWERS TO STARRED QUESTIONS

Review of the National TB Control Programme

*321. SHRI S.M. LALJAN BASHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have made some changes in the policies relating to the National TB Control Programme during the last six months;

(b) if so, the details thereof;

(c) whether it is a fact that nodal TB hospitals like L.R.S. Institute of T.B. and Respiratory Diseases in Delhi have become noted for abandoning poor patients after preliminary medication; and

(d) the steps taken to review and direct the L.R.S. Institute of T.B. and respiratory diseases and such other institutions to have responsible and humane attitude towards TB patients?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) No changes have been made in the policies relating to the National T.B. Control Programme during the last six months.

(c) and (d) Based on scientific evidence, domiciliary treatment was established as a core principle for treatment of T.B. under the National T.B. Control Programme since 1962. In the current Revised National Control Programme (RNTCP), domiciliary treatment is given to T.B. patients under the direct supervision of a DOT provider, in accordance with the internationally recommended DOTS (Directly Observed Treatment Short Course) Strategy. Under the RNTCP, diagnostic and treatment services have been decentralized to Peripheral Health Institutions (PHIs) so as to improve access for communities and T.B. patients. Diagnostic Centres, also known as Designated Microsocpy Centres, have been established in the general Health facilities. T.B. hospitals and health facilities of other sectors. After T.B. diagnosis has been established, patients are referred to the treating PHIs for categorization for treatment and registration under DOTS. It is the reponsibility of the health staff to retrieve T.B. patients who default while under treatment and to ensure they continue DOTS treatment. Thus

under the programme, TB patients are accorded the status of a VIP and the responsibility of successful treatment outcome is with the health system. These patients become non infectious within a few weeks of starting T.B. treatment. Thus hospitalization in T.B. hospitals, which leads to stigmatization, is not necessary.

However when necessary, T.B. patients can be hospitalized in general hospitals for other diagnostic investigations and management. Special provision has been made under the Programme to provide T.B. treatment in hospitals using Prolongation Pouches.

T.B. patients after being discharged from hospitals, continue to receive DOTS treatment and follow up sputum examination from the respective DOTS Centres till they complete TB treatment and thus they are not abandoned.

The staff at all hospitals providing T.B. treatment are given training in RNTCP in order to ensure high quality standardized T.B. management as per internationally recommended DOTS strategy throughout the country.

All components of the Programme, including T.B. diagnosis and treatment at Health Units of all levels including L.R.S. Institute of T.B. and Respiratory Diseases and such other institutions, are monitored and supervised based on the detailed Programme guidelines developed for this purpose so as to ensure quality of services.

The performance of the programme in all PHIs including hospitals like LRS, Delhi, are reviewed based on their monthly and quarterly reports and necessary feedback is provided.

CCTVs at stations in Mumbai

322. PROF. P. J. KURIEN: Will the Minister of RAILWAYS be pleased to state:

(a) the number of close circuit TVs (CCTVs) in operation at various suburban railway stations in Mumbai as on 1st July, 2006;

(b) the details thereof, stations-wise;

(c) the actual number of such CCTVs which were operational and functional as on 11th and 12th July 2006; and